

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/28/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155677		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/13/2015	
NAME OF PROVIDER OR SUPPLIER BELL TRACE HEALTH AND LIVING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 725 BELL TRACE CIR BLOOMINGTON, IN 47408			
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 5, 6, 7, 8, 9, 12, & 13, 2015</p> <p>Facility number: 002574 Provider number: 155677 AIM number: N/A</p> <p>Survey team: Cheryl Mabry, RN-TC (January 5, 6, 7, 8, 12, & 13, 2015) Angela Patterson, RN (January 5, 6, 7, 8, 9, & 12, 2015) Brooke Harrison, RN (January 5, 6, 7, 8, & 9, 2015) Kim Gines, RN</p> <p>Census bed type: SNF: 62 Total: 62</p> <p>Census payor type: Medicare: 27 Other: 35 Total: 62</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.3-1.</p>			F000000	<p>This plan of correction is to serve as Bell Trace Health and Living Community's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Bell Trace Health and Living Community or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F000156 SS=A	<p>Quality review completed on January 20, 2015; by Kimberly Perigo, RN.</p> <p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under</p>						

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	<p>Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the</p>						

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	<p>facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on interview and record review, the facility failed to ensure that residents were provided 48 hours notice before their Medicare coverage was ending for 1 of 3 residents reviewed for advance beneficiary notice of Medicare non-coverage. (Resident #28)</p> <p>Findings include:</p> <p>On 1/7/15 at 10:00 a.m., review of Resident #28's Medicare benefit ending notification indicated the Medicare benefits would end on 4/14/14, and was signed on 4/15/14, by Resident #28. The Social Service Worker (SW) indicated Resident #28's son was notified, but was not able to sign the Medicare notice of non coverage and had his mom (Resident #28) sign.</p> <p>On 1/7/15 at 10:29 a.m., interview with the Social Service Worker (SW) indicated that she notified Resident #28's son of Medicare benefits ending. The Social Service Worker indicated she did not have documentation son was notified 48 hours prior to benefit ending date 4/14/14. The SW indicated there was no</p>	F000156	<p>F156 483.10(b)(5) – (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>Resident #28 no longer resides at this facility.</p> <p>All residents who are nearing their end of a Medicare benefit have been identified and will be provided with a 48 hour notice of non-coverage prior to the end of their coverage.</p> <p>The systemic change includes:</p> <ul style="list-style-type: none"> ·Social Services will provide a 48 hour notice of non-coverage to all residents and POA or interested family member, when a resident will be non-covered by Medicare A. If the family member is unavailable to sign, a phone conversation will be completed and documented in the medical record in the Social Service Progress Notes. ·Social Services will maintain a log for all residents on a Medicare A stay to track when for 48 hour notification of non-coverage. <p>Social Service Director and assistant will be provided education regarding the regulation pertaining to when a 48 hour notice of non-coverage must be issued and the systemic change, as well as the policy and procedure. The Social Service Director or designee will audit all residents nearing their covered Medicare stay</p>	02/12/2015			

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F000241 SS=E	<p>policy of when to notify family or residents when Medicare benefits will end.</p> <p>3.1-4(a)</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Based on interview and record review, the facility failed to ensure residents were provided care in a manner which promoted dignity as indicated by facility policy in that call lights were not answered timely and privacy was not provided during personal care for 4 of 8 residents reviewed for dignity. (Resident #99, Resident #136, Resident #241, Resident #240) (CNA #2, CNA #4)</p>		F000241	<p>for completion of notification of the resident and family and documentation in the Medical Record. This audit will be completed daily, five days a week for 30 days and then weekly for a duration of 12 months of auditing. Any concerns will be addressed. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%. Compliance date 02/12/15</p> <p>F241 483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY Resident #241 no longer resides at the facility. Resident #99, 136 and 240 have been interviewed regarding answering of their call lights timely and privacy being provided during personal care and any request for changes will be honored. C.N.A. #2 and 4 have received education regarding the facility policy to promote dignity with emphasis on providing privacy during</p>		02/12/2015	

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	<p>Findings include:</p> <p>1). On 1/6/15 at 9:38 a.m., interview with Resident #136 indicated when asked, Do staff treat you with respect and dignity? "No, the biggest problem is the call light. About 2 weeks ago I had a catheter taken out. They are suppose to put me on the bedpan when I push the light. I've never been put on the bedpan since my catheter was removed. I just go in my brief. They [meaning the Certified Nursing Assistant -CNA] will come in and turn off the call light and say they will be back and never come back." When asked how do you feel when you have been incontinent, Resident #136 indicated, "I'm a realist. They are short staff, but it makes me feel bad, but I just go [indicating urinate or bowel movement] and have them [CNA] clean me up after." When asked was she offered the bedpan, turned and repositioned every 2 hours, Resident #136 indicated, "No, are they suppose to check every 2 hours."</p> <p>Resident #136's clinical record was reviewed on 1/8/15 at 9:07 a.m. Diagnosis included, but were not limited to: muscle weakness and depressive disorder.</p> <p>The Admissions Minimum Data Set (MDS) assessment dated 12/3/14,</p>		<p>personal care and answering call lights promptly.</p> <p>All residents are being provided care in a manner which promotes dignity as indicated by call lights answered timely and privacy is provided during personal care.</p> <p>The systemic change includes that charge nurses will complete rounds every shift to monitor for privacy during personal care and answering of call lights timely.</p> <p>Education will be provided to nursing staff regarding the systemic change and the facility policy to promote dignity with emphasis on providing privacy during personal care and answering call lights promptly.</p> <p>The Director of Nursing or designee will monitor personal care of 1 resident on each unit daily over random shifts for providing privacy during personal care and timely answering of call lights on each unit. This audit will be completed 7 days a week for 30 days, then weekly thereafter for a total of 12 months of monitoring. In addition, the Social Service Director or designee will interview one resident, with a BIM score of 8 or above, on each unit weekly regarding answering of their call lights timely and privacy being provided during personal care. This audit will be completed weekly for 30 days and then monthly for a total of 12 months of monitoring. Any concerns will be addressed.</p>				

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	<p>indicated Resident #136 was admitted with an indwelling catheter. The current MDS dated 12/22/14, indicated a Brief Interview for Mental Status (BIMS) score of 14. When 8-15 was interviewable and cognitively intact. Resident #136 needed extensive assistance of 2 staff members for bed mobility, extensive assistance of 2 staff members for toileting and extensive assistance of 1 staff member for personal hygiene.</p> <p>Physician's order dated 12/31/14, indicated to discontinue urinary catheter.</p> <p>On 1/7/15 at 9:34 a.m., Resident #136 was observed to be up in a chair, 11:32 a.m. Resident #136 was observed in the bed on her left side, at 1:35 p.m., Resident #136 was observe to be lying on her left side.</p> <p>On 1/8/15 at 9:15 a.m., Resident #136 was observed to be in bed on her back and indicated that she was wet. CNA #2 was observed to provide care and place resident on her left side.</p> <p>On 1/8/15 at 10:00 a.m., Resident #136 was observed on her left side in the bed, 12:45 p.m. Resident #136 was observed on her left side in bed, 2:40 p.m. Resident #136 was observed on her left side in bed, 3:32 p.m. Resident #136 was</p>			<p>The results of these reviews will be discussed at themonthly facility Quality Assurance Committee meeting monthly for 3 months andthen quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will beincreased as needed, if compliance is below 100%. Compliance date 02/12/15</p>			

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	<p>observed on her left side in bed. Resident #136 indicated she had not been turned since care was provided that morning.</p> <p>On 1/12/15 at 8:30 a.m., CNA #2 indicated when asked how often was bed check, "It is every 2 hours or when needed." What takes place at bed check? "We toilet and reposition."</p> <p>On 1/13/15 at 8:50 a.m., interview with CNA #4 indicated when asked what was the protocol for resident a.m. care, "Wash them up, toilet, shave if needed, lotion them." When asked what care was provided for Resident #136, CNA #4 indicated, "I reposition her every 2 hours or if she uses the call light sooner. I wash her up, change brief." When asked if she puts Resident #136 on the bedpan, "No, every time we go in she is wet. She never calls to get on bedpan only to clean her up after she's has gone." When asked if Resident #136 is aware of when she has to use the toilet CNA #4 indicated, "I believe she does."</p> <p>On 1/13/15 at 9:13 a.m., the Director of Nursing provided Certified Nursing Assistant assignment sheet dated 1/13/15. The assignment sheet indicated Resident #136 was incontinent of bowel and bladder.</p>						

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	<p>On 1/13/15 at 9:36 a.m., the DON provided Activity of Daily Living (ADL) flow sheet dated November 2014-January 2015. The ADL flow sheet indicated Resident #136 was scheduled toileting and turned and repositioned night shift, day shift and evening shift. There was no documentation Resident #136 was reposition, turned nor offered toileting every two hours as indicated by facility "SKIN CARE ...Program."</p> <p>2). On 1/6/15 at 11:14 a.m., Resident # 99 indicated, when asked if there was enough staff available to provide the care she needed without having to wait a long time, "No, sometimes help doesn't come as quickly as I think they should. They take a long time answering the call light when I have to use the bathroom. I have not had many accidents, but I worry about it."</p> <p>Resident #99's clinical record was reviewed on 1/8/15 at 8:33 a.m. Diagnoses include, but were not limited to: difficulty in walking and muscle weakness.</p> <p>The current Minimum Data Set (MDS) assessment dated 10/28/14, indicated a Brief Interview for Mental Status (BIMS) score of 7. When 8-15 was interviewable</p>						

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	<p>and cognitively intact. Resident #99 was occasionally incontinent of bladder less than 7 episodes and occasional incontinent of bowels with one episode. Resident #99 was not on a bowel or bladder training program. Resident #99 needed extensive assist of one staff for bed mobility, and extensive assist or one staff member to transfer, extensive assist of one to walk in her room, and extensive assist of one for toileting.</p> <p>The care plan dated 12/18/14, indicated PROBLEM: Resident is continent of bladder with risk for decline due to: restricted mobility related to muscle weakness due to Parkinson's disease, arthritis, ...APPROACH: ... Encourage resident to utilize call light for assist as needed. ...Utilize briefs/pads to manage incontinence episodes.</p> <p>On 1/12/15 at 9:18 a.m., the Director of Nursing provided documentation labeled Vitals report of urine and bowel movement dated 11/13/14-1/12/15. The documentation indicated Resident #99 had several episodes of bowel and bladder incontinence.</p> <p>3). Resident #241's clinical record was reviewed on 1/8/15 at 12:00 p.m.</p> <p>Resident #241 was admitted on 12/14/14.</p>						

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	<p>There was no admission Minimum Data Set (MDS) assessment completed and available for review.</p> <p>On 1/6/15 at 11:51 a.m., Resident #241 indicated, when asked if there was enough staff available to provide the care she needed without having to wait a long time, "Sometimes I have to wait a long time to get call light answer." When staff takes a long time to answer your call light does it cause you problems? Resident #241 indicated, "Yes, causes me to wet or poop my pants. This happens now and then." When asked how does that make you feel when you are incontinent, Resident #241 indicated, "It makes me feel bad."</p> <p>On 1/13/15, the Director of Nursing provided Certified Nursing Assistant assignment sheet dated 1/13/15, indicating Resident #241 was continent of bowel and bladder.</p> <p>On 1/7/15 at 3:00 p.m., the Director of Admissions provided "Resident Rights" policy undated, and indicated that was the one currently used by the facility. The policy indicated, " ... Notice of rights and services. ...[2] You have the right to ...health care consistent with your ... assessments and plans of care, ..."</p> <p>4. On 1/8/15 at 10:50 a.m., Resident #</p>						

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	<p>240 pushed her call light to go to the toilet. LPN #1 assisted the resident to her bathroom without closing hallway nor bathroom doors. LPN #1 was observed to stand outside of the open bathroom door while the resident used the toilet. The hallway door remained open the entire time the resident used the bathroom.</p> <p>During an interview on 1/8/2015 at 10:52 a.m., LPN # 1 indicated, "I left the bathroom door open, because she (resident) wanted me to stay with her." LPN #1 also indicated she could have went inside the bathroom and shut the door.</p> <p>On 1/8/15 at 11:35 a.m., Resident #240's clinical record was reviewed. Resident # 240 was admitted on 12/20/14. There was no admission Minimum Data Set (MDS) completed and available for review.</p> <p>On 1/8/15 at 11:56 a.m., the Nurse Consultant provided policy "Quality of Life-Dignity" revision date October 2009, and indicated the policy was the one currently used by the facility. The policy indicated, "Each resident shall be cared for in a manner that promotes ... dignity, respect and individuality. Policy Interpretation, ... 1. Resident shall be</p>						

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F000242 SS=E	<p>treated with respect and dignity at all times. 2. [Treated with dignity] means the resident will be assisted in maintaining and enhancing ...her self-esteem and self worth. ... 11. ...b. Promptly responding to the resident's request for toileting assistance, ...Staff shall promote, maintain and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures..."</p> <p>3.1-3(t)</p> <p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident. Based on observation, interview, and record review, the facility failed to ensure that residents were able to choose as indicated by facility policy how many times a week they took a shower and what time to get up in the morning according to their preference for 4 of 7 residents in a sample of 7 who met the criteria for choices review. (Resident #32, Resident #136, Resident #239,</p>	F000242	<p>F 242 483.15(b) SELF-DETERMINATION – RIGHT TO MAKE CHOICES Resident # 32, and 136 were re-interviewed regarding their preferences on how many times a week they take a shower and what time to get up in the morning and any requests for changes in their preferences will be honored. Resident #241 no longer resides at the facility and resident #239 is</p>	02/12/2015			

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	<p>Resident #241)</p> <p>Findings include:</p> <p>1). On 1/6/15 at 9:04 a.m., Resident # 136 indicated when asked, do you choose how many times a week you take a bath or shower, "No, I get a bed bath once a week if I am lucky. I would like a daily bed bath." Has staff ever asked you how many times you want a bed bath? "Nope." Do you choose when to get up in the morning? "No, they get me up at 7 [a.m.] and I would like to get up at 9 [a.m.]." Has staff ever asked you what time you want to get up? "No." When asked if staff involve her in daily care, Resident #136 indicated, "No, they [staff] don't ask anything about daily care I would like my hair combed daily."</p> <p>Resident #136's clinical record was reviewed on 1/8/15 at 9:07 a.m.</p> <p>The Current Minimum Data Set (MDS) assessment dated 12/22/14, indicated a Brief Interview Mental Status (BIMS) score of 14. When 8-15 was interviewable and cognitively intact.</p> <p>On 1/7/15 at 3:06 p.m., the Activity Director provided Admission preference form for Resident #136 and indicated it was the current preference sheet. The</p>				<p>currently on a medical leave of absence and will be interviewed upon her return to the facility. Current residents with a BIMS score of 8 and above will be interviewed regarding preferences on how many times a week they take a shower and what time to get up in the morning and their preferences will be honored. Residents with a BIMS score of < 8 will have a family member interview regarding resident preferences. These preferences will be noted in the plan of care and the C.N.A. assignment sheet.</p> <p>The systemic change includes:</p> <ul style="list-style-type: none"> Resident preferences in regards to how many times a week they take a shower are noted on the resident interview questions and the resident is asked if they agree with their current schedule or wish to make changes. This interview also includes what time they wish to get up in the morning. Residents with a BIMS score of 8 and below have their family member contacted for these interview questions. These preferences are then noted on the C.N.A. assignment sheet and the plan of care. This interview will take place upon admission and will also be discussed at the quarterly and as needed care conferences. Education will be provided to Nursing staff, Social Services, and Activity Director regarding the 		

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	<p>form indicated "...Preferred Bathing: ...Bed Bath ... Your ...baths are scheduled on Tues & Fri [Tuesday and Friday] in the day ...What time do you prefer to get up in the morning? 7 a.m. ..."</p> <p>On 1/13/15 at 8:50 a.m., interview with CNA #4 indicated when asked if she combs Resident #136's hair daily, "Oh, yes she will let you know if you don't brush her hair. I comb her hair as soon as I get her up out of bed, but this is not my regular hall. I float down here sometime. [Name of CNA #2] she usually works this hall."</p> <p>On 1/8/15 at 2:25 p.m., interview with Activity Director (AD) indicated "A lot of the questions I ask are my MDS [Minimum Data Set assessment] questions. I also ask what type of showers they want. I tell them the schedule and ask if they like those choices." When asked how often preference sheets are updated, the AD indicated, "On admission, any significant change and annual." I give the preference sheets to the Director of Nursing (DON) and she gives assignments to the Certified Nursing Assistant (CNA) and the assignment sheet is updated. A significant change is triggered by the MDS and it is usually medical." When asked how are other changes identified if</p>				<p>systemic change. In addition, nursing staff will receive education regarding involving residents in their daily care and the facility policy regarding resident rights with emphasis on the right to make choices about aspects of the resident's life in the Community that are significant to him/her. The DON or designee will complete a QA tool to audit for completion of the resident interview upon admission and quarterly as well as updating of the C.N.A. assignment sheet and care plan 5 days a week for 30 days, then weekly for 60 days, then monthly for a total 12 months of monitoring. In addition, the Social Service Director or designee will interview one resident, with a BIM score of 8 or above, on each unit weekly regarding satisfaction with their preferences for how many times a week they take a shower and what time to get up the morning. This audit will be completed weekly for 30 days and then monthly thereafter for a total of 12 months of monitoring. Any concerns will be addressed. The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%. Compliance date 02/12/15</p>		

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	<p>not annual and significant change, the AD indicated, "Our CNA's always ask our residents on a daily basis. The CNA should let the DON know if there is a change."</p> <p>On 1/13/15 at 9:36 a.m., the Director of Nursing provided documentation tabled "ADL FLOW SHEET" [s] dated November, December 2014 and January 2015, which indicated Resident #136 received a partial twice a week during the night in November and 1 bed bath during the day in November. December's sheet indicated Resident #136 received a partial bath daily during the night and a bed bath 1 to 2 times a week on days. January sheet indicated Resident #136 had a partial bath every night except on the 3rd, 5th and 13th. Resident #136 had 1 bed bath on 1/6/15.</p> <p>2. On 1/5/15 at 3:15 p.m., Resident #32 indicated when asked do you choose when to get up in the morning? "No, they get me up around 7:30 [am]. I would like to get up at 8:00 [am]." Do you choose how many times a week you take a shower? "No, I have had a shower only twice since I've been here. They have been giving me a sponge bath maybe a couple times a week. I would like a shower once a week here."</p>						

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	<p>Resident #32's clinical record was reviewed on 1/12/15 at 1:15 a.m.</p> <p>The current Minimum Data Set (MDS) assessment dated 12/14/14, indicated a Brief Interview Mental Status (BIMS) score of 15. When 8-15 was interviewable and cognitively intact.</p> <p>On 1/12/15 at 2:43 p.m., the Nurse Consultant provided Admission preference form for Resident #32 and indicated it was the current preference sheet. The form indicated "... Your showers ... are scheduled on Wed & Sat [Wednesday and Saturday] evening ... What time do you prefer to get up in the morning? "9:00 a.m. ..."</p> <p>On 1/13/15 at 8:37 a.m., the DON provided Admission preference form for Resident #32 and indicated that was the current preference sheet. What time do you prefer to get up in the morning? "9:00 a.m. ..."</p> <p>3). On 1/6/15 at 11:46 a.m., interview with Resident #241 indicated when asked do you choose when to go to bed at night, "No, they put me to bed around 6 o'clock. I would like to go to bed later around 8 [pm]."</p> <p>Resident #241's clinical record was</p>						

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	<p>reviewed on 1/8/15 at 12:00 p.m.</p> <p>Resident #241 was admitted on 12/14/14.</p> <p>There was no admission Minimum Data Set (MDS) assessment completed and available for review.</p> <p>On 1/13/15 at 8:37 a.m., the Director of Nursing provided Admission preference form for Resident #241 and indicated it was the current preference sheet. The form indicated "...What time do you prefer to go to bed at night? 9:00 p.m. ..."</p> <p>4). On 1/5/15 at 1:14 p.m., Resident #239 indicated, when asked do you choose when to get up in the morning, "No, they get me up at 6 a.m. I would like to get up around 8:30 a.m." Has staff ever asked you when you like to get up? "Yes, I told them around 9 [pm]. They told me I have to get up for breakfast."</p> <p>Resident #239's clinical record was reviewed on 1/7/15 at 9:00 a.m.</p> <p>Resident #239 was admitted on 12/24/14.</p> <p>There was no completed Minimum Data Set (MDS) assessment available with Brief Interview Mental Status (BIMS) score at that time.</p>						

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F000247 SS=A	<p>On 1/13/15 at 8:37 a.m., the DON provided Admission preference form for Resident #239 and indicated it was the current preference sheet. The form indicated "...What time do you prefer to get up in the morning? "8 a.m. ..."</p> <p>On 1/7/15 at 3:00 p.m., the Director of Admissions provided "Resident Rights" policy undated, and indicated it was the policy currently used by the facility. The policy indicated, " ... Notice of rights and services. ...[2] You have the right to ...make choices about aspects of your life of your life in the Community that are significant to you. ..."</p> <p>3.1-3(u)(3)</p> <p>483.15(e)(2) RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE A resident has the right to receive notice before the resident's room or roommate in the facility is changed. Based on interview and record review, the facility failed to ensure residents and family members received notice of a roommate change as indicated by facility policy for 1 of 1 resident reviewed for notification of change. (Resident #246)</p> <p>Findings include:</p>	F000247	<p>F247 483.15(e)(2) RIGHT TO NOTICE BEFORE ROOM/ROOMMATECHANGES Resident #246 no longer resides at this facility. All residents have been identified that had a room/roommatechange in the last 30 days and an audit will be completed for notification ofthe resident and family members. The systemic change includes:</p>	02/12/2015			

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	<p>On 1/6/15 at 3:35 p.m., Resident #246 indicated when asked if she was given a notice before a roommate change, " No, they didn't tell me I was getting a roommate I found out when they brought her in."</p> <p>On 1/7/15 at 2:17 p.m., interview with the Social Service Director (SSD) indicated, when asked what is protocol for notifying residents of change in roommate, "If a resident is requesting a different room when one opens we would let them know, show them the room. If they wanted to move we would do a transfer form. We would notify the next of family unless the resident would want to notify them themselves. Typically the only time we would have a roommate change if there is a problem with roommate." How would you handle that situation? "I would tell the remaining resident that their roommate is leaving. If they get a new roommate I would try to give them a few hour notice. I call all the family members. I try to inform the family within 24 hours or right after I let the resident know." Was Resident #246 and family notified of new roommate? "There is documentation in matrix [facility computer system] of notifying family of change. The SSD was observed to look in the computer to find documentation of notification to family</p>		<p>·All potential room/roommate changes are discussed at the daily morning interdisciplinary meeting. The Social Service Director attends this meeting and will provide notification to the resident and family members involved prior to the change. This will be documented in the medical record.</p> <p>·Any pending room/roommate changes that are required outside of the normal daily discussion will also have notification of resident and family members involved prior to the change.</p> <p>·Social Services will maintain a log of all room or roommate changes that will include date of notification and documentation. Education will be provided to Social Service Director and Assistant regarding the facility policy for a change in room or roommate assignment and the documentation in the medical record.</p> <p>The Social Service Director or designee will audit all residents that have a room or roommate change for notification of resident and family, and documentation of the same in the medical record daily, five days a week, for 30 days, then weekly for a duration of 12 months of monitoring.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once</p>				

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F000257 SS=D	<p>of roommate change and indicated was not done yet.</p> <p>There was no documentation provided.</p> <p>On 1/7/15 at 3:00 p.m. the Director of Admission provided policy "Resident Rights" none dated, and indicated the policy was the one currently used by the facility. The policy indicated, "...Notification of Changes. ...v. Our Community will also promptly notify you and, if known, your legal representative or interested family member when there is a. A change in room or roommate assignment. ..."</p> <p>3.1-3(v)(2)</p> <p>483.15(h)(6) COMFORTABLE & SAFE TEMPERATURE LEVELS The facility must provide comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 - 81° F Based on observation, interview, and record review, the facility failed to ensure the facility maintained comfortable temperatures on Rehab 1 and Rehab 2 halls.</p> <p>Findings include:</p> <p>On 1/12/15 at 10:36 a.m., interview with</p>		F000257	<p>compliance is at 100%. Frequency and duration of reviews will beincreased as needed, if compliance is below 100%. Compliance date 02/12/15</p> <p>F 257 483.15(h)(6) COMFORTABLE & SAFE TEMPERATURE LEVELS The temperature settings on Rehab 1 and 2 were immediatelyadjusted upon finding during the survey process. All units have a comfortable and safe temperature levelmaintained at a temperature range of 71 – 81 degrees F.</p>		02/12/2015	

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	<p>Maintenance Supervisor (MS) and Maintenance Assistant (MA) indicated the hall temp is controlled by the thermostat in the 100 hall. We have 5 thermostats. We usually try to keep temperature at 72 or 73 degrees. It depends on the residents or mainly the administrator. On average 72 or 73 degrees.</p> <p>On 1/12/15 at 10:43 a.m., observation with the Maintenance Supervisor (MS) and Maintenance Assistant (MA) present indicated the thermostat on Rehab 1 hall was set at 70 degrees Fahrenheit and read 70 degrees Fahrenheit, Rehab 2's thermostat by room 132 was set at 67 degrees Fahrenheit and was reading 73 degrees Fahrenheit. The MS was observed to adjust the temperature to 70 degrees Fahrenheit on Rehab 2. The MS indicated "It should have not been on 67 degrees [Fahrenheit]. It should be set between 70-75 degrees [Fahrenheit]." What is facility policy for temperature in the building. "We have to keep it below 80.[degrees]" Facility policy for temperature maintenance in the building requested at that time was not provided.</p> <p>On 1/12/15 at 10:57 a.m., MA assist with MS present with temperature sensor gun indicated temp in hallway 69-70 degrees and the register by room 134 indicated 51</p>		<p>The systemic change includes:</p> <ul style="list-style-type: none"> The Maintenance Director will complete a log of hallway temperatures on each unit daily, Monday through Friday and adjust the temperature to maintain a range of 71 – 81 degrees F. Staff will immediately inform the Maintenance Director and/or Administrator of any resident concerns with temperature levels in the hallways and the Maintenance Director will check the temperature for confirmation of a range of 71 – 81 degree F. <p>Education will be provided to Maintenance personnel regarding the systemic change and the facility policy on temperature of the building.</p> <p>The Maintenance Director or designee will audit the air temperature and thermostat setting on each unit daily (including weekends) at random times for 30 days, and then five days a week thereafter. Any concerns will be addressed.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%. Compliance date 02/12/15</p>				

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F000272 SS=D	<p>degrees Fahrenheit.</p> <p>On 1/5/15 at 3:48 p.m., interview with Resident #236 indicated when asked if she had any problems with the temperature in the building, " Yes, it is cold in the hallways."</p> <p>On 1/12/15 at 11:00 a.m., there was no documentation provided indicated the facility policy on the temperature of the building.</p> <p>3.1-19(h)</p> <p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being;</p>						

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	<p>Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the Minimum Data Set (MDS) assessment was accurate for a resident who had broken and carious teeth for 1 of 6 residents reviewed for assessment of oral health status. (Resident #81)</p> <p>Findings include:</p> <p>On 1/6/2015 at 2:07 p.m., an observation of Resident #81's teeth indicated several broken and dark colored teeth with signs of decay. At that time, Resident #81 indicated her teeth had been like this for a long time and doesn't want to see a dentist.</p> <p>Resident #81's clinical record was reviewed on 1/9/2015 at 10:43 a.m.</p>	F000272	<p>F272 483.20(b)(1) COMPREHENSIVE ASSESSMENTS</p> <p>Resident #81's MDS for oral health status will be updated and resubmitted for accuracy.</p> <p>The most recent MDS for all current residents will be reviewed for accuracy for oral health status. Any concerns will be addressed.</p> <p>The systemic change includes that the MDS Coordinator will verify accuracy for oral health status with the Unit Manager and/or Charge Nurse during the MDS assessment.</p> <p>Education will be provided to licensed nurses (including MDS nurses) regarding the systemic change.</p> <p>The MDS Coordinator or designee will review all MDSs related to accuracy for oral health status at the completion of the MDS. This audit will be ongoing for 12 months.</p>	02/12/2015			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F000279 SS=D	<p>Diagnoses included, but were not limited to dementia, atrial fibrillation, anxiety, and hypertension.</p> <p>Resident #81's admission assessment dated 8/1/2013 at 3:25 p.m., indicated some/all natural teeth lost does not have or does not use dentures.</p> <p>The significant change MDS (Minimum Data Set) assessment, completed on 4/17/2014, assessed Resident #81's oral dental status as having no obvious or likely cavity or broken natural teeth.</p> <p>On 1/9/2015 at 11:00 a.m. the MDS nurse indicated the Significant Change MDS is a comprehensive assessment, the assessment indicated Resident #81 as not having any oral or dental issues. At that time, she indicated the quarterly assessments on 7/10/2014, and 10/2/2014, where not comprehensive assessments and oral dental status was not assessed.</p> <p>3.1-31(c)(9)</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p>			<p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%. Compliance date 02/12/15</p>			

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	<p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on observation, interview, and record review, the facility failed to ensure a care plan was in place for a resident who had broken and carious teeth for 1 of 6 residents reviewed for a dental careplan. (Resident #81).</p> <p>Findings include</p> <p>On 1/6/2015 at 2:07 p.m., an observation of Resident #81's teeth indicated several broken and dark colored teeth with signs of decay. At that time, Resident #81 indicated her teeth had been like this for a long time and doesn't want to see a dentist.</p> <p>Resident #81's clinical record was reviewed on 1/9/2015 at 10:43 a.m. Diagnoses included, but were not limited</p>	F000279	<p>F279 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>Resident #81's dental care plan is in place for broken and carious teeth. All resident's care plans have been reviewed for a care plan in place for any residents with broken and/or carious teeth. Any concerns were addressed.</p> <p>The systemic change includes:</p> <ul style="list-style-type: none"> ·An oral assessment will be completed upon admission, annually and as needed for any dental concerns and a care plan developed at that time if broken and/or carious teeth are present. ·Nursing administration will complete an admission audit of documentation of any dental concerns and placement of a care plan for the same. ·Charge nurses will complete an oral assessment if the resident expresses any dental pain or 	02/12/2015			

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F000371	<p>to dementia, atrial fibrillation, anxiety, urinary incontinence and hypertension.</p> <p>Resident #81's admission assessment dated 8/1/2013 at 3:25 p.m., indicated some/all natural teeth lost does not have or does not use dentures.</p> <p>The significant change MDS (Minimum Data Set) dated 4/17/2014, assessed Resident #81's oral dental status as having no obvious or likely cavity or broken natural teeth.</p> <p>No dental care plan in the clinical record which indicated Resident #81 had missing, broken or carious teeth.</p> <p>On 01/07/2015 at 4:07 p.m., an interview with DON (Director of Nursing) indicated the facility didn't routinely care plan for dental. "A care plan would be triggered if a resident had a mouth sore or any type of dental problems. If a staff would be notified the nurse should do a dental assessment then go on from there. That's the only time we would care plan for a dental problem."</p> <p>3.1-35(a)</p> <p>483.35(i)</p>			<p>concerns or a dental concern is noted, develop a plan of care and notify the Social Service Director for followup with a dentist.</p> <p>Education will be completed for nursing staff and Social Services regarding the systemic change.</p> <p>The Director of Nursing or designee will complete an audit of all admission assessments, progress notes and annual and as needed oral assessments to review for completion of a care plan for dental care. This audit will be completed 5 days a week for 30 days, and then weekly for a total of 12 months.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%. Compliance date 02/12/15</p>			

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SS=E	<p>FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions A.) Based on observation, interview, and record review, the facility failed to ensure food was stored in the walk-in freezer under sanitary conditions as indicated by facility policy for 1 of 1 walk-in freezers with stains present.</p> <p>B). Based on observation, interview, and record review, the facility failed to ensure staff used proper handwashing in the Rehab hall dining room, passing of hall trays on skill 2, and Rehab 1 in that the staff was observed not to wash their hands as indicated by facility policy and Center for Disease Control. This deficient practice had the potential to affect 3 out of 3 residents being served in the rehab hall dining room, and 10 of 10 randomly observed room trays on the skill 2 and Rehab 1 hallway (Resident #226, Resident 245, Resident #246, Resident #247, Resident #241, Resident #248, Resident #7, Resident #240, Room 117, Room 119 , Room 120, Room 123, Room 125) (DA#1)</p> <p>Findings include:</p>		F000371	<p>F371 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE – SANITARY The stain in the freezer was immediately cleaned upon finding during the annual survey process. Staff in the Rehab hall dining room, passing hall trays on skill 2 and Rehab 1 have received education on the facility policy regarding hand washing and have completed a competency review for the same. Food is being stored in the walk-in freezer under sanitary conditions and no stains are present. Staff is using proper hand washing in the Rehab hall dining room, while passing hall trays on skill 2, and rehab 1 as indicated by facility policy and Center for Disease Control. The systemic change includes: · Inspection of the walk-in freezer for spillage and/or stains has been added to the day shift cook's job duties in addition to the evening cook shift duties. This will provide inspection of the walk in freezer twice a day and any spillage and/or stains will be cleaned at that time and as needed. · A Charge Nurse has been assigned to the Rehab hall dining</p>		02/12/2015	

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	<p>A). During the initial tour of the kitchen on 1/5/15 at 9:20 a.m., the walk-in freezer was noted to have a shiny, dark red, dinner plate sized stain with uneven borders. The stain was immediately below a shelf of five packages of frozen meat. At that time the DM (Dietary Manager) indicated, "That looks like blood to me, we really need to clean that up."</p> <p>On 1/6/15 at 12:15 p.m., the DM indicated, "I just wanted to let you know that we've cleaned up that blood stain in the freezer."</p> <p>During an interview on 1/8/15 at 9:34 a.m., the DM indicated, "About that blood stain, we had a meat order come in last week. Our meat comes in fresh, so it must have leaked over the tray on the shelf."</p> <p>On 1/8/15 at 9:51 a.m., the DM provided an invoice dated 12/30/14. The order included but was not limited to 12 packages of eye of round beef, for a total of 84.5 pounds. DM indicated that was their last order date so the blood must have dripped off of the fresh meat after they put it in the freezer.</p> <p>On 1/8/15 at 9:31 a.m., the DM provided</p>				<p>room and to tray pass on Skill 2 and Rehab 1, for all meals, to monitor for hand washing as indicated by facility policy and Center for Disease Control.</p> <p>A competency skills check off will be completed on all nursing and dietary staff upon hire and annual thereafter for proper hand-washing.</p> <p>Education has been provided to nursing and dietary staff regarding the systemic change as well as the facility policy regarding hand washing and as indicated by the Center for Disease Control.</p> <p>The Dietary Manager or designee will monitor the walk in freezer daily, 7 days a week, for sanitary condition and cleaning of any spillage/stains for 30 days, and then 3 days a week for a total of 12 months of monitoring. Any concerns will be addressed.</p> <p>The Director of Nursing or designee will monitor for hand washing, according to facility policy and the Center for Disease Control guidelines, daily (7 days a week) at random meals in the Rehab hall dining room and during hall tray pass on Skill 2 and Rehab 1 for 30 days, and then weekly thereafter for a total of 12 months of monitoring. Any concerns will be addressed.</p> <p>The results of these reviews will be discussed at the monthly facility Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once</p>		

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	<p>the facility's policy on "Environmental Sanitation/Infection Control" undated and indicated the policy was the one currently being used by the facility. The policy indicated: "...Spills are wiped up immediately with a hot cleaning solution and rinsed with clean hot water..." At this time the DM also provided the "12-8 Evening Cook Shift Duties" assignment sheet and indicated she makes sure all of the cleaning is completed daily. The sheet indicated, "...at 7:10 p.m. ...Sweep and mop kitchen, including store room and walk-in freezer..."</p> <p>B1). On 1/5/15 at 12:15 p.m., observed Dietary Aide #1 (DA) to remove a plate/tray from Resident #226 and take the tray into a room for dirty dishes. DA #1 walked over to the sink and handwashed for 15 second. DA #1 then walked over to Resident #226 with some apple sauce. Resident #226 refused the apple sauce and asked for fruit. DA #1 was observed to walk over to the counter and place the apple sauce down. DA #1 was observed to handwash for 10 seconds. DA #1 was observed to take a tray out of the dining room to Resident #247's room. DA #1 returned to the dining room with a tray for Resident #245. No handwashing was observed.</p> <p>On 1/5/15 at 12:30 p.m., DA #1 indicated when asked when should you handwash,</p>			<p>compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%. Compliance date 02/12/15</p>			

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	<p>"Every 3 trays, whenever you touch something, when you exit and enter the dining room." When asked was that done, DA #1 indicated, "Yes, when I took the tray." Did you handwash upon entering the dining room with the tray for Resident #245? "Oh, no I didn't I was concerned about his food getting cold." How long should you handwash? "20 seconds." How can you tell if you handwashed for 20 seconds. "I sing the happy birthday song."</p> <p>B2). On 1/6/15 at 11:57 a.m., observed CNA #1 to knock on the door and enter Resident #241's room and set up her meal tray. No handwashing was observed. CNA #1 exited the room. No handwashing was observed. At 12:04 p.m., observed CNA #1 to knock on the door of Resident #248 and set up her meal tray. No handwashing was observed. CNA #1 walked over to Resident #7 and used hand sanitizer. She then walked into Resident #240's room and handed the resident her walker.</p> <p>On 1/6/15 at 12:11 p.m. observed DA [Dietary Aide] #2 enter room of Resident #240 with a meal tray. DA #2 set up the tray for Resident #240. No handwashing was observed. DA #2 was observed to drop something on the floor, picked it up and threw it in the trash. DA #2 then</p>						

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	<p>placed on gloves and assisted Resident #240 with food and exited the room. No handwashing was observed. DA #2 went to the hot cart and retrieved a tray and entered room 119 and indicated, "Oh, you already have your tray." DA #2 walked back to the hot cart and placed the tray on the hot cart. DA #2 retrieved another tray and walked to room 117, turned around and put the tray back on hot cart. DA #2 took a tray from the hot cart and entered room 123. No handwashing was observed. DA #2 was observed to exit the room and go to the hot cart and get a tray for room 120. DA #2 was observed to knock and enter room 120. No handwashing was observed.</p> <p>There was no hand sanitizer used during the passing of hall trays.</p> <p>B3). On 1/6/15 at 12:15 p.m., observed the Dietary Manager (DM) taking a tray into room 117 for Resident #246. The DM set up the tray and removed plastic wrap from the drinks. No handwashing was observed upon entering the room. The DM moved the hot cart down the hall with no handwashing observed. The DM was observed taking a tray to room 125. No handwashing was observed.</p> <p>On 1/9/15 at 2:27 p.m., the Clinical Nurse provided the facility's policy on</p>						

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	<p>"Handwashing/Hand Hygiene," dated October 2013 and indicated the policy was the one currently being used by the facility. The policy indicated:</p> <p>"...Employees must wash their hands for 20 seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: (a.) Before and after direct contact with residents..." The policy also indicated: "...If hands are not visibly soiled, use an alcohol-based hand rub containing 60-95% ethanol or isopropanol for all the following situations: (a.) Before and after direct contact with residents..."</p> <p>On 1/14/15 review of the Centers for Disease Control and Prevention dated December 16, 2013, "Handwashing: Clean Hands Save Lives ... When and How to Wash Your Hands ... How should you wash your hands?" indicated "...Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap. Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice. Rinse your hands well under clean, running water. Dry your hands using a clean towel or air dry them."</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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F000441 SS=D	<p>On 1/14/15, review of Center for Disease Control at www.cdc.gov/handwashing/, dated December 16, 2013 indicated,</p> <p>"When should you wash your hands? Before, during, and after preparing food Before eating food Before and after caring for someone who is sick Before and after treating a cut or wound After using the toilet After changing diapers or cleaning up a child who has used the toilet . After blowing your nose, coughing, or sneezing After touching an animal, animal feed, or animal waste After handling pet food or pet treats After touching garbage How should you wash your hands?Wet your hands with clean, running water [warm or cold], turn off the tap, and apply soap. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice. ... "</p> <p>3.1-21(i)(3)</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to</p>						

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	<p>provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>A). Based on observation, interview, and record review, the facility failed to ensure infection control practices were followed related to hand washing and glove change during personal care as indicated by the facility policy and Center for Disease</p>	F000441	<p>F441 43.65 INFECTION CONTROL, PREVENT SPREAD, LINENS Infection control practices are being followed related to hand washing and glove change during personal care per facility policy and Center for Disease Control for resident</p>	02/12/2015			

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	<p>Control for 1 of 1 randomly observed resident for for personal care. (Resident #136) (CNA #2, RN #1)</p> <p>B). Based on observation, interview, and record review, the facility failed to ensure staff changed soiled gloves while providing care as the facility policy indicated, for 1 of 5 residents reviewed for skin breakdown in a sample of 5. (Resident # 1) (CNA # 3)</p> <p>C. Based on observation, interview, and record review, the facility failed to ensure that handwashing was completed as the facility policy indicated during Medication Administration for 1 of 9 residents observed during Medication Administration. (Resident #121) (RN #2)</p> <p>Findings include:</p> <p>A). On 1/8/14 at 9:15 a.m., observed CNA #2 to provide peri and rectal care for Resident #136. CNA #2 was observed to place on gloves and provide pericare (vaginal). Without removing gloves CNA #2 was observed to roll Resident #136 on her left side, stopped and laid Resident #136 back on the bed, remove gloves and enter into the bathroom and handwash. CNA #2 walked to the bed, placed on clean gloves and rolled</p>				<p>#136. C.N.A. #2 and RN #1 have received education regarding the same. Staffs are changing gloves while providingcare per facility policy for Resident #1. C.N.A. #3 has received education on the facility policy for changinggloves while providing care. Handwashing is being completed per facility policy during medication administrationfor resident #121. RN #2 has receivededucation regarding the facility policy during medication administration.</p> <p>Infection control practices are being followed related tohand washing and glove change during personal care as indicated by the facilitypolicy and Center for Disease Control for all residents. Hand washing is being completed per facilitypolicy during medication administration for all residents.</p> <p>The Systemic Change includes:</p> <ul style="list-style-type: none"> ·Charge Nurses will complete rounds at leastevery shift to view personal care and proper hand washing and glove use perfacility policy ·Nursing staff will complete a skills competencycheck off upon hire and annually regarding hand washing, glove changes whileproviding care and during medication pass. <p>Education will be provided to nursing staff regarding handwashing and glove changes during personal care and hand washing duringmedication pass per facility</p>		

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	<p>Resident #136 on her left side. CNA #2 proceeded to clean the rectal area and placed soiled wipes into a plastic bag at the foot of Resident #136's bed. CNA #2 cleansed the coccyx while RN #1 held on to Resident #136. No handwashing or glove change was observed. With the same dirty gloves on CNA #2 got a clean brief and placed it on Resident #136's bed. CNA #2 proceeded to roll Resident #136 on her right side so RN #1 could provide wound care. No handwashing nor change of gloves was observed. RN #1 was observed to leave the bedside, remove gloves and handwash. CNA #2 was observed at that time to fold the dirty trash bag over to close. CNA #2 positioned the plastic trash bag at the bottom of Resident #136's bed. No handwashing nor change of glove was observed.</p> <p>Once wound care was complete CNA #2 was observed with dirty gloves on to roll Resident #136 on her back and place a clean brief underneath Resident #136. CNA #2 assisted RN #1 to reposition Resident #136 in bed and place 2 pillows behind her back. CNA #2 placed a 3rd pillow underneath Resident #136's arm and remove the plastic trash bag from the bed.</p> <p>When asked when should she handwash</p>		<p>policy and CDC guidelines. The Director of Nursing or designee will review for handwashing and glove use, according to facility policy and the Center for DiseaseControl guidelines, daily (7 days a week) on random shifts during personal careof two random residents per day. These audits will continue for 30 days, then weekly for 30 days, then every other week for a total of 12 months of monitoring. In addition, the Director of Nursing or designee will monitor amedication pass with random nurses and on random shifts, 3 times a week, for 30days, then weekly for 60 days, then monthly thereafter for a total of 12 monthsof monitoring for hand washing during a medication pass. Any concerns will be addressed. The results of these reviews will be discussed at themonthly facility Quality Assurance Committee meeting monthly for 3 months andthen quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will beincreased as needed, if compliance is below 100%. Compliance date 02/12/15</p>				

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	<p>CNA #2 indicated, "Before and after care, when going from clean to dirty. When you change gloves. When going from clean to dirty, and dirty to clean. You should also handwash after removing gloves and before putting on gloves." When asked if she had done that CNA #2 indicated, "No." B. On 1/8/15 at 11:46 a.m., CNA (Certified Nursing Assistant) # 3 was observed to apply clean gloves and assist Resident #1 to the toilet. After wiping the resident, the CNA threw away her right glove and kept the left glove on. CNA #3 was observed to pull up the resident's pants with the soiled left glove.</p> <p>Interview on 1/8/15 at 11:51 a.m., CNA #3 indicated she wiped the resident with the left gloved hand before pulling up her pants. CNA # 3 indicated, "I know I should have removed my glove after wiping."</p> <p>C. On 1/9/2015 at 9:00 a.m., R.N. #2 administered medications to Resident #121, then moved items on the breakfast tray the resident and been eating from and recovered the plate with the plate cover, went into the resident's bathroom and washed hands for 15 seconds. At that time, an interview with RN #2 indicated the proper amount of time for handwashing was 20 seconds.</p>						

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	<p>On 1/8/15 at 11:04 a.m., the Nurse Consultant provided policy "Wound Care" revised date April 2009, and indicated it was the one currently used by the facility. The policy indicated, "...Steps in the Procedure ...16. Discard disposable items into the designated container. ...Remove disposable gloves and discard into designated container. Wash and dry your hands thoroughly. 17. Reposition the bed covers. Make the resident comfortable. ..."</p> <p>On 1/8/15 at 11:56 a.m., the Nurse Consultant provided policy " Personal Protective Equipment-Using Gloves" revised date June 2005, and indicated it was the one currently used by the facility. The policy indicated, "... 5. Wash hand after removing gloves. ... When to Use Gloves 1. "...When touching excretions, secretions, blood, body fluids, mucous membranes or non-intact skin..." The policy also indicated: "...Discard used gloves into the waste receptacle..."</p> <p>On 1/9/2015 at 2:27 p.m., the Corporate Clinical Nurse provided the Handwashing/Hand Hygiene policy, dated October 2013, and indicated the policy was the one currently being used by the facility. The policy indicated: "5. Employees must wash their hands for 20 seconds using antimicrobial or</p>						

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F000456 SS=D	<p>non-antimicrobial soap and water under the following conditions:</p> <p>a. Before and after direct contact with residents;...In most situations, the preferred method of hand hygiene is with an alcohol-based hand rub...</p> <p>c. Before preparing or handling medications;...</p> <p>i. After contact with objects...in the immediate vicinity of the resident;...."</p> <p>Review of the Centers for Disease Control and Prevention dated December 16, 2013, "Handwashing: Clean Hands Save Lives ... When and How to Wash Your hands ... How should you wash your hands?" indicated "...Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap. Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice. Rinse your hands well under clean, running water. Dry your hands using a clean towel or air dry them ..."</p> <p>3.1-18(l)</p> <p>483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION</p>						

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	<p>The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. Based on observation, interview, and record review, the facility failed to ensure the kitchen walk-in freezer was operating under safe working conditions for 1 of 1 walk-in freezers.</p> <p>Findings include:</p> <p>During the initial tour of the kitchen on 1/05/2015 at 9:20 a.m., the walk-in freezer was noted to have a large water puddle outside of the door extending out underneath the walkup ramp. The floor and ramp were noted to be slippery when walking. At that time the DM (Dietary Manager) indicated, "It does that from time to time and we're in the process of getting the freezer replaced. We don't know why it does that though. Be careful not to fall." The DM was observed to mop up the water outside of the freezer at that time.</p> <p>On 1/5/15 at 10:45 a.m., the Dietary Consultant provided the "Proposal and Agreement" form, dated 10/21/14, indicated an agreement with the facility for a new freezer and refrigerator unit. At that time she also provided the "Purchase Approval Form" dated 1/5/15 by the Director of Facilities.</p>	F000456	<p>F456 483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATINGCONDITION</p> <p>The kitchen walk-in freezer is operating under safe workingconditions and will be replaced as soon as the weather permits pouring of acement foundation. The temperature ofthe freezer is checked twice a day and any water will be moppedimmediately. If the temperature is foundto be outside of the parameters, maintenance will be immediately notified.</p> <p>The systemic change includes that the freezer will bereplaced as soon as the weather permits, the freezer will have the temperaturechecked twice a day and any water on the walkup ramp or under it will be moppedimmediately</p> <p>Education will be completed for dietary personnel regardingthe systemic change.</p> <p>The Dietary Manager or designee will monitor the temperaturelog for the freezer five days a week for 30 days, and weekly thereafter forttotal of 12 months of monitoring.</p> <p>TheDietary Manager or designee will monitor for timely mopping of any wateroutside the door to the walk-in freezer daily until the freezer is replaced.</p> <p>The results of these reviews will be discussed at themonthly facility</p>		02/12/2015		

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F009999	<p>On 1/7/15 at 9:05 a.m., the DM provided a "Food Service Equipment and Supplies Sales and Service" invoice dated 12/29/14. The invoice indicated, "...12/26/14- Serviced...repaired leak in liquid line..."</p> <p>During an interview with Dietary Consultant on 1/5/15 at 11 a.m., she indicated, "We were waiting to have the slab foundation poured before we had the freezer put in." She also indicated, "The Director of Facilities signed the approval form, because I thought you would need something from today's date." The Dietary Consultant indicated that there were no other forms or invoices in regard to ordering a new freezer and there was not a policy for freezer maintenance.</p> <p>3.1-19(bb)</p> <p>3.1-14 PERSONNEL</p> <p>(a) Each facility shall have specific procedures written and implemented for the screening of prospective employees. Specific inquiries shall be made for prospective employees. The facility shall have a personnel policy that considers</p>		F009999	<p>Quality Assurance Committee meeting monthly for 3 months and then quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will be increased as needed, if compliance is below 100%. Compliance date 02/12/15</p> <p>F9999 3.1-14 PERSONNEL</p> <p>The criminal background check has been completed for the HR Director. LPN #2 will complete annual in-service training for resident rights and Dementia training prior to the date of compliance. An audit will be conducted for all employee records regarding</p>		02/12/2015	

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	<p>references and any conviction in accordance with IC 16-28-13-3.</p> <p>(k) There shall be an organized ongoing inservice education and training program planned in advance for all personnel. This training shall include, but not be limited to, the following:</p> <p>(1) Residents' rights.</p> <p>(u) In addition to the required inservice hours in subsection (1), staff who have regular contact with resident shall have a minimum of six (6) hours of dementia-specific training within six (6) months of initial employment, or within (30) days for personnel assigned to the Alzheimer's and dementia special care unit, and three (3) hours annually thereafter to meet the needs or preferences, or both, of cognitively impaired paired residents and to gain understanding of the current standards of care for residents with dementia.</p> <p>This state rule as not met as evidenced by by:</p> <p>Based on interview and record review, the facility failed to ensure an employee who had been recently hired had the required criminal background check and an employee who had been employed more than a year had received the</p>		<p>completion of a criminal background check and annual inservicetraining for resident rights and Dementia training and any concerns will beaddressed.</p> <p>The Systemic Change includes:</p> <ul style="list-style-type: none"> ·The HR Director will complete an audit of allnewly hired employees prior to starting their job specific duties forcompletion of a criminal background check. ·The HR Director or designee will complete a logfor all employees with dates of training for resident rights and Dementiatraining and for timely completion of the same. <p>The HR Director will be provided with education regardingthe systemic change</p> <p>The HR Director or designee will complete an audit of allnewly hired employees for completion of the criminal background check. This audit will be on-going and with all newhires. The HR Director or designee willaudit employee training records for completion of Resident Rights and Dementiatraining timely, weekly for 4 weeks, then monthly for a duration of 12 monthsof monitoring.</p> <p>The results of these reviews will be discussed at themonthly facility Quality Assurance Committee meeting monthly for 3 months andthen quarterly thereafter once compliance is at 100%. Frequency and duration of reviews will beincreased as needed, if</p>				

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	<p>required in-service training on residents rights and dementia as the facility policy indicated for 2 of 10 employee files reviewed.</p> <p>Findings include:</p> <p>1. The Human Resources Director (HR) hired on 12/8/2014, did not have a criminal background check completed until 1/13/2014.</p> <p>On 1/13/15 at 10:00 a.m. the HR director indicated the person who did her criminal background check is no longer with the company. Therefore, she indicated she would run a criminal check on herself.</p> <p>On 1/12/15 at 2:00 p.m., interview with Director of Human Resource indicated, she was waiting on her criminal background check and references fax from corporate.</p> <p>On 1/13/2015 at 10:40 a.m., the Corporate Nurse Consultant provided the facilities Associate Background Screening policy, undated, and indicated the policy was the one currently being used by the facility. The policy indicated, "...Anyone accepting employment...will be subject to a limited criminal history check as a condition of employment....within three (3) days of</p>			<p>compliance is below 100%. Compliance date 02/12/15</p>			

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	<p>hire..."</p> <p>2. LPN (Licensed Practical Nurse) #2 had not completed annual in-service training for Resident Rights and dementia training for 2014. LPN #2 was hired 5/11/2006.</p> <p>On 1/13/15 at 10:00 a.m. the HR director indicated LPN #2 does not have current resident rights and dementia training. The last documented was resident rights was 2006 and the dementia was 2013.</p> <p>On 1/13/2015 at 10/40 a.m., the Corporate Nurse Consultant provided the facilities Inservice Education Policy, undated, and indicated it was the one currently used by the facility. The policy indicated, "...Ongoing Training- All employees will be required to complete a minimum of two (2) courses each month in the CarDon University On-Line Learning system:...Residents Rights and Abuse Prevention..."</p>						